

# **MBI AND SERVICE-LEARNING YOUTH DAY(S) R.S.V.P.**

Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
FAX: (406) 444-3924

Deliver to Susan Bailey-Anderson

- ☐ **BILLINGS – OCTOBER 15-16, 2006 - Fax or mail back by October 10, 2006**
- ☐ **MISSOULA – NOVEMBER 5-6, 2006 – Fax or mail back by October 27, 2006**
- ☐ **GLENDIVE – NOVEMBER 12-13, 2006 – Fax or mail back by November 6, 2006**
- ☐ **HELENA – NOVEMBER 19-20, 2006 – Fax or mail back by November 13, 2006**

School \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Student Name

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Student Name

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Staff /Chaperone Name

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**MBI YOUTH DAY  
STUDENT ROOMING LIST**

**LODGING SITE**

☐ **BILLINGS – October 15-16, 2006**

☐ **MISSOULA – November 5-6, 2006**

☐ **GLENDIVE – November 12-13, 2006**

☐ **HELENA – November 19-20, 2006**

**SCHOOL NAME:** \_\_\_\_\_

☐ **Credit Card Type** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Students Per Room

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Chaperone Name: \_\_\_\_\_

Room Type: Single \_\_\_\_ Double \_\_\_\_ (Share With \_\_\_\_\_)

Students Per Room

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Chaperone Name: \_\_\_\_\_

Room Type: Single \_\_\_\_ Double \_\_\_\_ (Share With \_\_\_\_\_)

Students Per Room

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Chaperone Name: \_\_\_\_\_

Room Type: Single \_\_\_\_ Double \_\_\_\_ (Share With \_\_\_\_\_)